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APPLICANTS

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** CONTINUING DATA

None, SH

** FOREIGN APPLICATIONS

None, SH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	DE	9	69	11
Examiner's Signature <i>[Signature]</i> Initials <i>SH</i>				

ADDRESS

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TITLE

Ecstasy haptens and immunogens

FILING FEE RECEIVED 2340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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